

PCT AVAILABLE COPY

MULTIPLE DEPEN CLAI FEE CALCULATION SHEET						SERIAL NO.	FILING DATE						
(FOR USE WITH FO PTO-875)						10/573934							
CLAIMS													
	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	1						51					
2		1				52							
3			1			53							
4				1		54							
5					1	55							
6						56							
7						57							
8						58							
9						59							
10						60							
11						61							
12				1		62							
13						63							
14						64							
15						65							
16						66							
17						67							
18						68							
19						69							
20						70							
21						71							
22						72							
23						73							
24						74							
25				1		75							
26						76							
27						77							
28						78							
29						79							
30						80							
31						81							
32						82							
33						83							
34						84							
35						85							
36						86							
37						87							
38						88							
39						89							
40						90							
41						91							
42						92							
43						93							
44						94							
45						95							
46						96							
47						97							
48						98							
49						99							
50						100							
TOTAL IND.	1					TOTAL IND.							
TOTAL DEP.	24	↓				TOTAL DEP.							
TOTAL CLAIMS	25	↓				TOTAL CLAIMS							